PTO/SB/17 (10-07) Approved for use through 06/30/2010, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known ses pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). Application Number 10/717,028 FEE TRANSMITTAL Filing Date November 18, 2003 For FY 2008 First Named Inventor Bo Li Examiner Name Connie P. Johnson Applicant claims small entity status. See 37 CFR 1 27 Art Unit 1752 TOTAL AMOUNT OF PAYMENT (\$) 1270.00 Attorney Docket No. H0005567,36146 -4780 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Other (please identify): ✓ Deposit Account Deposit Account Number: 500977 Deposit Account Name: Buchalter Nemer For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Utility 310 510 210 255 105 Design 210 105 100 50 130 65 Plant 210 105 310 155 160 80 Reissue 310 155 510 255 620 310 Provisional 210 105 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissnes) 210 105 Multiple dependent claims 370 185 Total Claims Extra Claims Fee Paid (\$) Fee (\$) Multiple Dependent Claims - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., law filing surcharge): RCE, Terminal Disclaimer, and 2 Month Extension 1270.00

Signature Registration No. At Telephone 949-224-6282

Name (PrintType) Sandra P. Thompson Date 1,2 -19 - 301

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